

**Policy Academy/Action Network Behavioral Health Diversion Project  
Parents Survey**

In the fall of 2016, the Schenectady City School District will make changes about how they react to behaviors that lead to a superintendent hearing. To know if the changes work, the implementation team would like your input about how the school handles behavioral issues in the school right now. If you would, please complete the survey below to tell us what you think. Your answers will not be linked back to you and will not have negative consequences for you. To thank you for your help, we will give you a \$20 gift card to Shoprite for answering the survey questions.

1. Does the teacher tell you about your child's behavioral issues before reports are sent home?  
a. Yes      b. No      c. N/A
2. Does the teacher tell you when your child breaks the school rules?  
a. Yes      b. No      c. N/A
3. Does the teacher help your child in the classroom once a mental or behavioral health problem has been identified?  
a. Yes      b. No      c. N/A
4. Are you happy with the response you get when you contact my child's teacher with mental or behavioral health concerns?  
a. Yes      b. No      c. N/A
5. Does the teacher tell you about expectations for student behavior?  
a. Yes      b. No      c. N/A
6. The teacher tells me about my child's achievements and successes?  
a. Yes      b. No      c. N/A
7. The principal tells me about when my child breaks the school rules?  
a. Yes      b. No      c. N/A
8. I am happy with the response I get when I contact the principal with mental or behavioral health concerns?  
a. Yes      b. No      c. N/A
9. The principal tells me about expectations for student behavior?  
a. Yes      b. No      c. N/A
10. Do you believe the school counselor is available to help my child when needs are identified?  
a. Yes      b. No      c. N/A
11. Are you happy with the response you get when you contact the school counselor with mental or behavioral health concerns?  
a. Yes      b. No      c. N/A

12. Does the school counselor tell you about expectations for student behavior?  
a. Yes      b. No      c. N/A

The next set of questions is about materials the school may provide you with about rules, meetings and notices.

1. Does the school provide you with access to the Student Code of Conduct?  
a. Yes      b. No      c. N/A
2. Does the school provide you with access to the school rules?  
a. Yes      b. No      c. N/A
3. Does the school provide you advanced notice of parent-teacher meetings?  
a. Yes      b. No      c. N/A
4. Does the school provide you with advanced notice of disciplinary hearings?  
a. Yes      b. No      c. N/A
5. Does the school provide you with information on what consequences will be for behavior in the school?  
a. Yes      b. No      c. N/A
6. When given, is the information clear and understandable?  
a. Yes      b. No      c. N/A

The next set of questions is about the way that the school enforces policies and discipline rules within the school.

1. Do you believe the school enforces grading policies in a reliable way?  
a. Yes      b. No      c. N/A
2. Do you believe the school enforces discipline rules in a reliable way?  
a. Yes      b. No      c. N/A
3. Do you believe the school enforces rules about school absences in a reliable way?  
a. Yes      b. No      c. N/A
4. Do you believe the school applies discipline at the school consistently?  
a. Yes      b. No      c. N/A
5. Do you believe the school discipline process is fair?  
a. Yes      b. No      c. N/A

6. Do you believe the principal deals with problems and conflicts in a fair manner?  
a. Yes      b. No      c. N/A
7. Do you believe the teacher deals with problems and conflicts in a fair manner?  
a. Yes      b. No      c. N/A
8. Do you believe the school applies appropriate consequences to behavioral incidents?  
a. Yes      b. No      c. N/A

The next set of questions is about the communication that you have with the school about your child.

1. Do you contact the school about your child's mental or behavioral health needs in the classroom?  
a. Yes      b. No      c. N/A
2. Do you contact the school about your child's learning needs?  
a. Yes      b. No      c. N/A
3. Do you contact the school about good things outside of school that may impact behavior in the school?  
a. Yes      b. No      c. N/A
4. Do you contact the school about bad things outside of school that may impact behavior in the school?  
a. Yes      b. No      c. N/A

The next set of questions is to determine what information you know about programs in your school or your community.

1. Do you know about the programs the school offers for students with behavioral health concerns?  
a. Yes      b. No      c. N/A
2. Do you know about the programs the school offers for students with mental health concerns?  
a. Yes      b. No      c. N/A
3. Do you believe the staff at the school know how to meet your child's needs?  
a. Yes      b. No      c. N/A
4. Do you believe the staff at the school have the education and training to help you child with their needs?  
a. Yes      b. No      c. N/A
5. Do you know about the programs your community offers for students with behavioral health concerns?

- a. Yes      b. No      c. N/A
6. Do you know about the programs your community offers for students with mental health concerns?
- a. Yes      b. No      c. N/A
7. Do you know about how successful the programs in the community are?
- a. Yes      b. No      c. N/A
8. Do you know how to get into the programs that are in your community?
- a. Yes      b. No      c. N/A
9. Do you know how to pay for using programs that are in your community?
- b. Yes      b. No      c. N/A

The next set of questions is to determine what the role that you may have in the school policies and services.

1. Do you have a say in what happens to your child when they get in trouble at school?
- b. Yes      b. No      c. N/A
2. Do you have a say in the activities your child participates in at school?
- b. Yes      b. No      c. N/A
3. Do you have opportunities to change school policy?
- b. Yes      b. No      c. N/A
10. Do you have an active role in parent-teacher meetings regarding your child?
- b. Yes      b. No      c. N/A
11. Do you have an active role in the results of the disciplinary hearings regarding your child?
- b. Yes      b. No      c. N/A
12. Do you know have a say about the behavioral health services your child receives in the school setting?
- b. Yes      b. No      c. N/A
6. What have been the biggest issues you face when going through the discipline process with your child?

7. Do you have any other thoughts on how to improve the disciplinary process that currently takes place in the school?

8. Is there anything else that you would like to tell us about the communication or disciplinary process within your school?

9. Please select the category that best identifies your race and/or ethnicity.

White / Caucasian

American Indian / Alaskan Native

Black / African American

Native Hawaiian / Pacific Islander

Caribbean

Haitian

Native African

Other – Black or African American

Mixed Race (If mixed race is selected, you MUST choose at least TWO (2) of the options below):

White / Caucasian

Black / African American

Asian

Hispanic or Latino

American Indian / Alaskan Native

Native Hawaiian / Pacific Islander

Asian

Chinese

Indian

Japanese

Korean

Other – Asian

Hispanic or Latino

Guyanese

Caribbean

Central American

Cuban

Dominican

Mexican

Multiple

North American

Puerto Rican

South American

Other – Hispanic or Latino

10. Please select the gender you identify as.

Male

Female

Other

11. What grade is your child in?

5<sup>th</sup> grade

6<sup>th</sup> grade

7<sup>th</sup> grade

8<sup>th</sup> grade

9<sup>th</sup> grade

10<sup>th</sup> grade

11<sup>th</sup> grade

12<sup>th</sup> grade

Other, Specify \_\_\_\_\_

**Policy Academy/Action Network Behavioral Health Diversion Project  
Staff Survey**

In the fall of 2016, the Schenectady City School District will implement changes regarding how the school responds to behaviors that lead to a superintendent hearing for individuals with behavioral health needs. In an effort to determine the effectiveness of these changes, the implementation team would like your feedback about how prepared the school and staff are to address the behavioral health needs exhibited in the school setting. If you would, please complete the survey below to tell us what you think. Your answers will be anonymous and will not have result in any negative consequences for you.

1. What educational setting do you work in?

- A. Middle School
- B. Elementary School
- C. High School
- D. Central Office
- E. K-8 Building
- F. Alternative Setting

2. Which of the following best describes the role in which you work with students:

- A. General Education Teacher
- B. Special Education Teacher
- C. School Administrator
- D. School Counselor
- E. School Social Worker
- F. School Psychologist
- G. School Nurse
- H. Paraprofessional
- I. Behavioral Specialist
- J. Instructional Coach
- K. Other, Please specify \_\_\_\_\_

3. How often are the following behaviors/mental health concerns exhibited or self-reported to you by the students you work with?

- |   | Never | Rarely | Occasionally | Frequently |
|---|-------|--------|--------------|------------|
| A. Worrying/Anxiety                     |       |        |              |            |
| B. Withdrawal/Social Isolation          |       |        |              |            |
| C. Impaired Self-Esteem                 |       |        |              |            |
| D. Depression                           |       |        |              |            |
| E. Trauma                               |       |        |              |            |
| F. Inappropriate Sexual Behavior        |       |        |              |            |
| G. Peer Relationship Problems           |       |        |              |            |
| H. Alcohol/Drug Abuse                   |       |        |              |            |
| I. Suicidal Thoughts/Behavior           |       |        |              |            |
| J. Attention Deficit/Hyperactivity      |       |        |              |            |
| K. Impulsive/Dangerous/Unsafe Behaviors |       |        |              |            |
| L. Physical or Verbal Aggression        |       |        |              |            |

- M. Self-Injurious Behavior
- N. Eating Disorders
- O. Family Problems
- P. Classroom Disruptiveness
- Q. Post-traumatic stress disorder
- R. Other

4. How often do the above concerns and/or disruptive behaviors result in the following consequences?

- |  | Never | Rarely | Occasionally | Frequently |
|--|-------|--------|--------------|------------|
| A. Send to Principal's office                            |       |        |              |            |
| B. Send to school counselor's office                     |       |        |              |            |
| C. Afterschool detention                                 |       |        |              |            |
| D. In-school suspension                                  |       |        |              |            |
| E. Attendance issues                                     |       |        |              |            |
| F. Decrease in academic performance                      |       |        |              |            |
| G. Out of school suspension                              |       |        |              |            |
| H. Superintendent's hearing                              |       |        |              |            |
| I. Transfer to alternative school/program                |       |        |              |            |
| J. Contact with law enforcement/law enforcement referral |       |        |              |            |

5. To what extent do you believe you have the skills to address the following behavioral or mental health concerns that you may see in your students?

- |   | Not Confident | Somewhat<br>Confident | Mostly<br>Confident | Totally<br>Confident |
|---|---------------|-----------------------|---------------------|----------------------|
| A. Worrying/Anxiety                     |               |                       |                     |                      |
| B. Withdrawal/Social Isolation          |               |                       |                     |                      |
| C. Impaired Self-Esteem                 |               |                       |                     |                      |
| D. Depression                           |               |                       |                     |                      |
| E. Trauma                               |               |                       |                     |                      |
| F. Inappropriate Sexual Behavior        |               |                       |                     |                      |
| G. Peer Relationship Problems           |               |                       |                     |                      |
| H. Alcohol/Drug Abuse                   |               |                       |                     |                      |
| I. Suicidal Thoughts/Behavior           |               |                       |                     |                      |
| J. Attention Deficit/Hyperactivity      |               |                       |                     |                      |
| K. Impulsive/Dangerous/Unsafe Behaviors |               |                       |                     |                      |
| L. Physical or Verbal Aggression        |               |                       |                     |                      |
| M. Self-Injurious Behavior              |               |                       |                     |                      |
| N. Eating Disorders                     |               |                       |                     |                      |
| O. Family Problems                      |               |                       |                     |                      |
| P. Classroom Disruptiveness             |               |                       |                     |                      |
| Q. PTSD                                 |               |                       |                     |                      |
| R. Other                                |               |                       |                     |                      |



6. When I feel confident in addressing a student who presents with the above behavioral or mental health concerns I respond by doing the following:

Never                      Rarely                      Occasionally                      Frequently

- A. Giving the student extra positive attention in class
- B. Speaking with the student one on one
- C. Allowing the student to take breaks from the class
- D. Consulting with School Social Worker, Nurse, Counselor, or Psychologist
- E. Contact the student’s parent/family
- F. Consult other teachers for advice and support
- G. Implementing strategies from student behavior plan
- H. Refer to School-based Support Team
- I. Consult administrator
- J. Seek out community-based resources or strategies for support
- K. Other \_\_\_\_\_

7. When I feel uncertain in addressing a student who presents with the above behavioral or mental health concerns I respond by doing the following:

Never                      Rarely                      Occasionally                      Frequently

- A. Sending the student to the principal-discipline referral
- B. Speaking with the student after class
- C. Sending the student to the nurse or school counselor
- D. Sending the student to the social worker or psychologist
- E. Contact the parent/guardian
- F. Call law enforcement
- G. other \_\_\_\_\_

8. Please rate the degree to which you agree with the following statements.

Disagree                      Somewhat Disagree                      Somewhat Agree                      Agree

- A. I am knowledgeable about the services our school offers for students with behavioral and/or mental health concerns.
- B. I am knowledgeable about the services

our community offers for students with behavioral and/or mental health concerns.

- C. I am knowledgeable about the effectiveness of the services offered in the community.
- D. I am knowledgeable about the accessibility of services in the community, e.g., no wait lists or insurance limitations.

9. To what degree does your school implement the following?

Fully Implemented      Partially Implemented      Not Implemented      Unsure      N/A

- A. School Wide PBIS
- B. Mindfulness
- C. Responsive Classroom
- D. The Good Behavior Game
- E. Dare Drug and Alcohol Program
- F. Pins Diversion
- G. Response to Intervention
- H. Evidence Based Pro-social Skills curriculum
- I. Freshmen Advisory
- J. Formal Transition services
- K. Peer Mediation
- L. Restorative Justice
- M. Counseling Services by outside provider in the school setting
- N. Truancy Prevention Programs
- O. Gang Prevention Programs
- P. After school Programs
- Q. Other \_\_\_\_\_

10. How often do you communicate about the following issues with families about their student?

Never      Rarely      Occasionally      Frequently      N/A

- A. Successes in school, e.g., awards, good grades, helpful behaviors in the school.

- B. Behavioral concerns
- C. Mental health concerns
- D. Substance use/abuse concerns
- E. Attendance issues
- F. Attitude concerns
- G. Disciplinary actions

11. How often do you experience the following barriers when making referrals to community based mental health services?

Never                      Rarely                      Occasionally                      Frequently

- A. School/district policy
- B. state policy
- C. cost
- D. Students history with the community based agency
- E. stigma of receiving services
- F. lack of community based services available
- G. long wait lists
- H. family belief system or past experiences
- I. transportation issues to community based services
- J. student family insurance coverage
- K. other \_\_\_\_\_

12. Have you attended any training regarding working with students with behavioral/mental health concerns?

- A. Yes
- B. No

13. If yes, who conducted the training you received? **Check all that apply**

- A. State Education Dept.
- B. Local College
- C. Community Health Provider/Agency
- D. In district clinicians/staff
- E. Regional BOCES
- F. Other \_\_\_\_\_

14. Would you like training or more information about supporting students with mental health/behavioral concerns?

- A. Yes
- B. No

15. Please select the top five topic areas in which you would like to receive more information and training?

- A. Worrying/Anxiety
- B. Withdrawal/Social Isolation
- C. Impaired Self-Esteem

- D. Depression
- E. Trauma
- F. Inappropriate Sexual Behavior
- G. Peer Relationship Problems
- H. Alcohol/Drug Abuse
- I. Suicidal Thoughts/Behavior
- J. Attention Deficit/Hyperactivity
- K. Impulsive/Dangerous/Unsafe Behaviors
- L. Physical or Verbal Aggression
- M. Self-Injurious Behavior
- N. Eating Disorders
- O. Family Problems
- P. Classroom Disruptiveness
- Q. PTSD
- R. Other, Please Specify \_\_\_\_\_

17. Please check additional topics/subject areas you would like to receive training or more information on. **Check all that apply.**

- A. Accessing mental health services in your school and community
- B. General training on common mental health issues facing adolescents
- C. Medication and monitoring side effects
- D. Collaborating with community service providers
- E. Collaborating with school personnel
- F. Collaborating with families
- G. Talking to students about their mental health needs
- H. Engaging students behavior management strategies
- I. Addressing stigma related to mental health treatment
- J. Cultural issues in mental health treatment
- K. Other \_\_\_\_\_

18. What have been your biggest challenges or barriers in addressing behavioral/mental health needs of students?

19. Do you have any other suggestions or comments related to working with students who demonstrate mental health or behavioral challenges in a school setting?

20. Please identify which category best identifies your race and/or ethnicity.

- |   |   |
|---|---|
| <input type="checkbox"/> White / Caucasian        | <input type="checkbox"/> American Indian / Alaskan Native           |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Native Hawaiian / Pacific Islander         |
| <input type="checkbox"/> Caribbean                |   |
| <input type="checkbox"/> Haitian                  | <input type="checkbox"/> Mixed Race (If mixed race is selected, you |

- Native African  
 Other – Black or African American
- Asian  
 Chinese  
 Indian  
 Japanese  
 Korean  
 Other – Asian
- Hispanic or Latino  
 Caribbean  
 Central American  
 Cuban  
 Dominican  
 Mexican  
 Multiple  
 North American  
 Puerto Rican  
 South American  
 Other – Hispanic or Latino
- Guyanese
- MUST choose at least TWO (2) of the options below):  
 White / Caucasian  
 Black / African American  
 Asian  
 Hispanic or Latino  
 American Indian / Alaskan Native  
 Native Hawaiian / Pacific Islander

21. Please identify which gender you identify as.

- Male       Female       Other

**Policy Academy/Action Network Behavioral Health Diversion Project  
Student Survey**

In the fall of 2016, the Schenectady City School District will make changes about how they react to behaviors that lead to a superintendent hearing. To know if the changes work, the implementation team would like your input about how the school handles behavioral issues in the school right now. If you would, please complete the survey below to tell us what you think. Your answers will not be linked back to you and will not have negative consequences for you. To thank you for your help, we will give you a \$20 gift card to Walmart for answering the survey questions.

1. Please rate how well you agree with the statements below.

Disagree                      Somewhat                      Somewhat                      Agree  
Disagree                      Agree

- A. My school listens to the needs of the students.
- B. My school accepts student input about the school environment.
- C. Student’s ideas about the school rules are listened to.
- D. I am heard and respected by all staff in the school.

2. Please rate how well you know what the school expects from you about the items below.

Not at all                      A Little bit                      Somewhat                      Know all

- b. School attendance policies
- c. Participation in school events
- d. Classroom Expectations
- e. Behavior
- f. Consequences for misbehavior
- g. School rules
- h. Participation in Disciplinary hearings

3. The school enforces the school policies below in a reliable manner.

Disagree    Somewhat Disagree    Somewhat Agree    Agree

- A. Grading
- B. Discipline rules
- C. Student’s Rights and Responsibilities
- D. School Absence
- E. School Safety

F. Other important items. Please specify \_\_\_\_\_

4. How often do you talk to school staff (teachers, counselors, principals and/or support staff) about the items below?

	Never	Quarterly	Monthly	Weekly	N/A
A. Problems with my peers					
B. Problems with people in my community					
C. Problems with family members					
D. Problems with my behavior					
E. Problems with my grades					
F. Problems with my physical health					
G. Things that are going well in my life					

5. Please rate how well you agree with the statements below about discipline within the school.

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
A. The school rules are fair				
B. The discipline policy in my school is fair				
C. Students in my school know the school rules				
D. Students in my school follow the rules				
E. All students who break the rules are treated the same				
F. Teachers punish and reward students consistently				
G. The principal deals with problems and conflicts in a consistent and fair manner				

6. Please rate how well you agree with the statements below about programs in your school or community.

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
E. I know about the programs the school				

- offers for students with behavioral health concerns
- F. I know about the programs the school offers for students with mental health concerns
- G. Staff at my school know how to help meet any needs that I may have
- H. Staff at my school have the education and training to help me with my needs
- I. I know about the programs my community offers for students with behavioral and/or mental health concerns
- J. I know how successful the programs are in my community
- K. I know how to get in to the programs that are in my community
- L. I know how to pay for using programs that are in my community

7. Please rate how often you have a say in the things that happen at school listed below.

Never   Rarely   Occasionally   Frequently   N/A

- A. I have a say in what happens to me when I get in trouble at school.
- B. I have a say in what activities I participate in at school.
- C. I have chances to change school policy.
- D. I have a say in the results of the disciplinary hearings about me.



E. I have a say about the behavioral services I receive in the school setting.

8. What have been the biggest issues you face when going through the discipline process in school?

9. Do you have any other thoughts on how to improve the discipline process that currently takes place in the school?

10. Is there anything else that you would like to tell us about the communication or discipline processes within your school?

11. Please select the category that best identifies your race and/or ethnicity.

White / Caucasian

American Indian / Alaskan Native

Black / African American

Native Hawaiian / Pacific Islander

Caribbean

Haitian

Native African

Other – Black or African American

Mixed Race (If mixed race is selected, you MUST choose at least TWO (2) of the options below):

White / Caucasian

Black / African American

Asian

Hispanic or Latino

American Indian / Alaskan Native

Native Hawaiian / Pacific Islander

Asian

Chinese

Indian

Japanese

Korean

Other – Asian

Hispanic or Latino

Guyanese

Caribbean

Central American

Cuban

Dominican

Mexican

Multiple

- North American
- Puerto Rican
- South American
- Other – Hispanic or Latino

12. Please select the gender you identify as.

- Male     Female     Other

13. What grade are you in?

- 5<sup>th</sup> grade       6<sup>th</sup> grade       7<sup>th</sup> grade  
 8<sup>th</sup> grade       9<sup>th</sup> grade       10<sup>th</sup> grade  
 11<sup>th</sup> grade       12<sup>th</sup> grade       Other, Specify \_\_\_\_\_